Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8/2/2010</u>	Address:	RAILROAD BED NEAR	
Case #:	24F31739		1 BLAZER BLVD.	
County:	<u>ELKHART</u>		<u>INDIANA</u>	
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:	
(check all the Lithium Red Phe Red Phe Mater It Material It Materi	nd: Location (bedroom, kitchen, open ain hat apply) n/Ammonia Reaction(s): open air osphorous/Iodine Reaction(s): able Solvents: OPEN AIR Reactive Metal (Lithium): open air cous Ammonia: open air chloric Acid Gas Generator(s): open a five Acid: open air five Base: open air fitem and location): item and location): in the structure of the str			
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencie Fire Department: ELKHART FD		Ephedrir Retail/M Other: <u>LI</u> ncies that serve the l	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:LE ies that serve the location: Fax: 574-293-8931	
•	epartment: ELKHART CO. Fax: (574) 295-6186 Fax:		295-6186	
Child Prote	ection Service: <u>n/a</u>	I 44%.	_	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tpr. Jeff Wampler Phone 574-546-4900				

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.